APPLICATION FOR SPECIAL DESIGNATED LICENSE

CITY OF LINCOLN CITY CLERK'S OFFICE 555 S 10TH ST LINCOLN NE 68508

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PHONE:	(402) 441-7438			Q				
RETAII	DO YOU NEED POSTERS? YES NO VI							
	NON PROFIT APPLICANT							
110111	Non Profit Status (ch	neck <mark>one</mark> that best applies):	Religious]Charitable [Public Service	e 🗌		
COMP	COMPLETE ALL QUESTIONS							
1.	Beer Wine Distilled Spirits							
2.	Liquor license number and class (i.e. C55441, CK55441) (If you're a nonprofit organization leave blank)							
	Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license)							
	NAME:	PINNACLE BANK AR	ENA			305 205 10		
	ADDRESS:	400 PINNACLE AREN	NA DRIVE					
	CITY:	LINCOLN	200	ZIP:	68508			
4.	Location where event will be held; name, address, city, county, zip code							
	BUILDING NAME:	PINEWOOD BOWL						
	ADDRESS:	3201 SOUTH CODDINGTON		CITY:	LINCOLN			
	ZIP:	68522	COUNTY &	COUNTY #:	LANCASTE	3		
(2)	a. Is this location	within the city/village limits?			YES	NO		
		within the 150' of church, so nt or for veterans and/or wiv		or home	YES	NO		
	c. Is this location	within 300' of any university	or college car	npus	YES	NO		

1 1210(0) 21	nd Time(s) of ever	nt (no mare than a	ovitus consecutive	n + Dooble	olication) Revisi
Date(s) at	Date	Date	Date	Date	Date
2014	Paic	Pale	Pale	Date	Date
	Hours			-	
rs	From	Hours	Hours	Hours	Hours
า		From	From	From	From
	То				
		То	То	То	То
a. Alt	ernate date:	N/A			
b. Alt	ernate location:	N/A			
			specified in local		
(Al	ternate date of i	ocation must be	specified in local a	approvai)	
Indicate tv	pe of activity to b	e <u>ca</u> rried on during	g event:		
Dance	Reception	Fund Raiser		r Garden	Sampling/Tasting
Other:	Concer				_ , 5
5					
	n of area to be lic		and IN FEET)	
inside buil	ding, dimensions	of area to be cove		X	
			(noi s	quare feet or acr	(es)
			(,	/
		of area to be cover	red IN FEET7	00 × 448	
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If outdoor of fenother: How many If over 150 alcohol be TRAINED PINN	area, how will prece snow	emises be enclosed fence characters at event?	d? ain link 3,500 will be taken to previeweded)	mple sketch) cattle panel	tent ersons from obtaining

11.	Retailer: Will you be purchasing your alcohol		esaler? YES√NO	
	Non-Profit: Where will you be purchasing you Wholesaler ✓ Retailer E (includes wineries)	Both	ВУО	
12.	Will there be any games of chance operating If so, describe activity:	during the e	vent? YES NO ✓	
	NOTE: Only games of chance approved by the Departr forms of gambling are prohibited by State Law: There a funds for a charity. This is only an application for a Spegambling permit application.	are no exception	ns for Non Profit Organizations	s or any events raising
13.	Any other information or requests for exempti event, complete NLCC form 140): N/A	ions (must b	e received by Commissi	on 30 days prior to
14.	Name and telephone number/cell phone nu the location of the event when it occurs, able enforcement before and during the event, and laws, ordinances, rules and regulations are acceptable.	to answer ar d who will be	ny questions from Comm responsible for ensuring	nission and/or law g that any applicable
	Print name of Event Supervisor: THOMAS E. LORE	ENZ		
	Signature of Event Supervisor:	Frun	3	
	Event Supervisor phone: Before 402-904-444	14	During 402-416-52	27
	Email address: TLORENZ@SMGLINCOLN.COM			
15.	Consent of Authorized Representative/Applicated I declare that I am the authorized representation at the statements made on this application are true an investigation of my background including at the waive any rights or causes of action against State Patrol or any other individual releasing state Patrol or any other individual releasing state Patrol. I further declare that the person, group, organization or corporation for supervised by persons directly responsible to	tive of the ab to the best o all records of the Nebras said informathe license ap r profit or not	of my knowledge and belifievery kind including policies Liquor Control Committee to the Liquor Control police for will not be used for profit and that the expense.	ief. I also consent to ice records. I agree nission, the Nebraska I Commission or the d by any other went will be
sign here	Jana nula	GENERAL M	MANAGER	5.15.2014
Here	Authorized Representative/Applicant	Title		Date
	THOMAS E. LORENZ	_		
	Print Name			
This inc	dividual must be listed on the application as an office	er or stockhold	der unless a letter has beer	n filed appointing an

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing ar individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

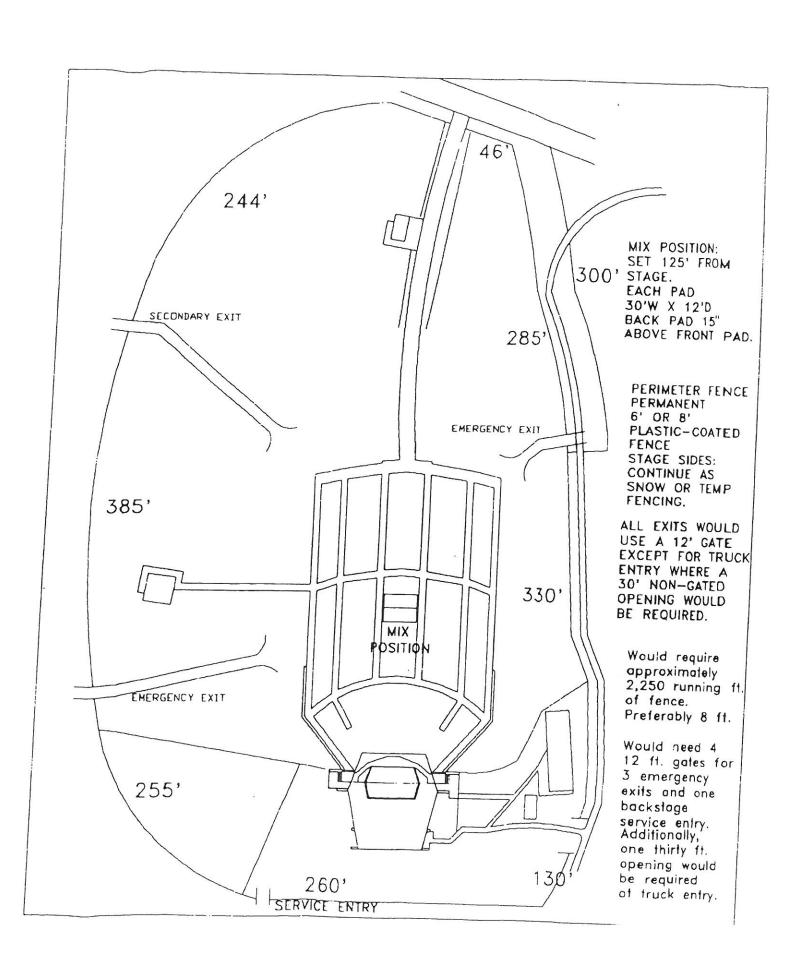
SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

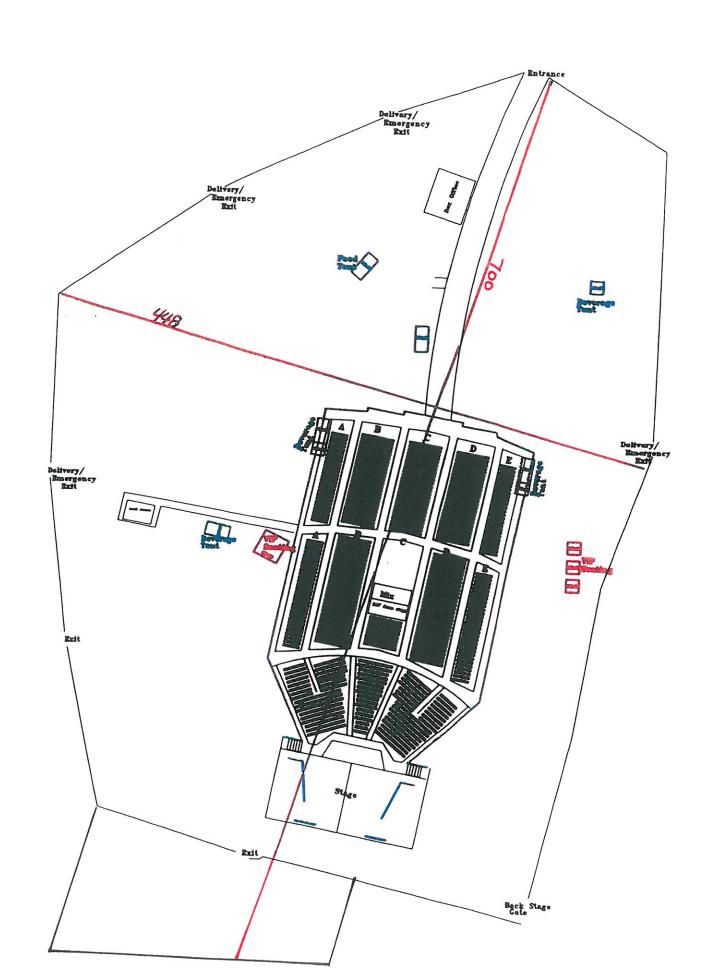
Name of Event: BOSTON & DOOBIE BROTHERS CONCERT						
Applicant and Sponsoring Organization or Individual (if applicable): PINNACLE BANK ARENA						
Date(s) of Event: AUGUST 8, 2014 Hours: 7:00 PM						
Alternate Date(s):	N/A		Hours:	N/A		
Is the event open to t	the public?	✓ Yes	□No			
How will you ensure t	that minors will not	t be served or cor	sume be	veraç	ges containing alcohol:	
TRAINED PINNACLE BANK	ARENA EMPLOYEES W	ILL CHECK ID'S AND W	RISTBAND			
Will food be served? POPCORN, NACHOS, PRETZ	Yes ZELS, HOT DOGS, HAMBU		s, please	list fo	ood to be served:	
Will non-alcoholic be If yes, please list nor			BOTTLE	No WATER	R & PEPSI PRODUCTS	
Who will serve the be Must comple	everages containin ete Server/Seller /	The same of the sa			CARENA EMPLOYEES	
Have the designated	servers received r	esponsible bever	age serve	er tra	ining?	
Will there be a charge	e for admission?	√ Yes		No		
In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ✓ No If so, explain:						
Applicant's Signature	ng			<u>-11</u>	5.15.2014 Date	

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

necessary.	
1. Number of Entry & Exit Points & Dimensions: (1 ENTRY ' X 1 EXIT SEE MAP	")
2. Size & location of tent(s) (heights, width, depth)	
3. Size of area being used $(700 \times x^{448})$	
4. Location & type of cooking equipment (if used)	
5. Location of tables & chairs; If stage for band provided & dance are	a, show location & dimensions on
drawing.	
Height & type of fencing to be used.	
Note: Two (2) exit points must be indicated on your drawing. T patrons into the building. Questions relating to entry/exit poir sizes can be directed to: Chuck Schweitzer, Fire Prevention Bu	nts; electrical wiring; tent
PLEASE SEE THE FOLLOWING	S MAP
PLEASE SEE THE FOLLOWING	S MAP





SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the NAME and DATE OF BIRTH of ALL Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
CITY OF EDVIC OFFICE LIAC A LICT ON			
CITY CLERK'S OFFICE HAS A LIST ON	FILE		